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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/596581
Filing Date	06/16/2006
First Named Inventor	LANG, Heinz-Jurgen
Title	BELT TENSION INDICATOR
Art Unit	3616
Examiner Name	Amores, K.
Attorney Docket Number	3144/116US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23638

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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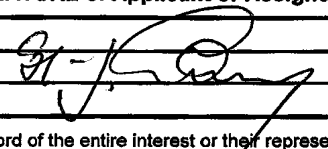
<input type="checkbox"/> Firm or Individual Name			
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Country			
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2008/07/07
Name	Heinz-Jurgen Lang	Telephone	704-375-9249
Title and Company	Applicant/Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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State

Zip

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Telephone

Email

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Hermann Wetter</i>	Date	7 th June 2008
Name	Hermann Wetter	Telephone	704-375-9249
Title and Company	Applicant/Inventor		

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☐ Firm or
Individual Name

Address

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State

Zip

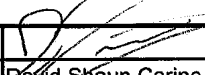
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	10/15/2008
Name	David Shaun Carine	Telephone	704-375-9249
Title and Company	Applicant/Inventor		

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